

RECEIVED COMM. OF ELECTIONS 2006 OCT 13 A II: 32

Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Committee	D to Elec	七、	John Atlans
Account Number:			Date of	this Report: 10-10 -06
REPORTING PERIOD:	FROM:	1-1-06	_ TO:	10-10-06
Check the box that applies	to this report:			
Primary Election General Election Other Election Special Election	□ 8-DAY □ 8-DAY □ 8-DAY □ 8-DAY	☐ 30-DAY ☐ 30-DAY ☐ 30-DAY ☐ 30-DAY		Office: State Representative -4/57
Year End Report	Final Organi	zation Closing		Closing Date: 10-10-06
regulations regarding Cam	paign Finance and the	e election process in t	the State	curate and correct. I agree to abide by all rules and of Delaware. I understand that representatives from emation provided on this report.
John	Mothe	shy)		10-10-06
TREASURER SIGNATURE		Y		DATE
CANDIDATESIGNATURE	Herin	10000		0-10-06 DATE



STATEMENT OF ACCOUNT BALANCE

AC	CCOUNT #:	RI	EPORTING PERIOD:	1/1/06	10/10/06
				FROM	то
1.		NG BALANCE at Balance from last reporting period)		z-	7,064.14
2.	RECEIPT	S:			
	Α.	SCHEDULE A – TOTAL RECEIPTS		_	11,350.00
	В.	SCHEDULE C-1 – TOTAL IN-KIND CO	NTRIBUTIONS		
	C.	SCHEDULE D-1 – TOTAL LOANS REC	EIVED		0
	D.	SCHEDULE E – TOTAL EXPENSE REI	MBURSEMENTS RECEIVED	-	0
	E. SU	BTOTAL (Total of A, B, C, D)		-	18,414, 14
3.	EXPENDI	TURES:			
	F.	SCHEDULE B - TOTAL EXPENDITURE	ES	_	8,864,0
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXI	PENDITURES		0
	н.	SCHEDULE D-2 – TOTAL LOAN PAYM	ENTS	-	0_
	I.	SCHEDULE E – TOTAL EXPENSE REI	MBURSEMENTS PAID	<u>-</u>	0_
	J. St	BTOTAL (Total of F, G, H, I)		-	8,864,0
4.	ENDING E	SALANCE g Balance plus 2E, minus 3J)		\$	9 550. 11
5.	VALUE O	F NON-CASH ASSETS (From Schedule F)		=	
6.	VALUE O	F DISPOSED/TRANSFERRED ASSETS (From	n Schedule G)	_	
7.	VALUE O	F LOANS AT END OF PERIOD (Loan Balanc	e from Schedule D-2)	_	
8.	CLOSE O	UT BALANCE (Must equal zero if Committee	closed)		



SCHEDULE A - TOTAL RECEIPTS

ACCT #:	REPORTING PERIOD:	1-1-06	10-10-06
7	LOAD WALL WALL TO THE	FROM	ТО

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. All receipts from Political Committees must be itemized. NOTE: If you receive funds from the same person or organization several times during the reporting cycle, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS OF PERSONS IN EXCESS OF \$100 AND POLITICAL COMMITTEES:

Date	Contrib	Contributor	Contributor	Aggregate	Amount
Received	Type	Name	Mailing Address	Amount	Received
3-28-06		Dan Mc Gree very	4260 Highway one Rehoboth		600-
3-29-06		Mark Mc Greenen	109 Kelley Dr. Chadds Ford		600-
4-3-06		Verin MC Bride	17346 famelle St Cerves		600-
9-14-06		Del Horseman's Fund	mi Del Park Blvd.		600-
7-3-06		Wilmington Police	PO Gox 310 Nassan		100
8-26-06		Marry bon Rollison	59 Country Place Millsboro		50-
8-28-06		Del! type fund	DO BOX GOD Greenwood		100 -
8-12-06		HildA Calhoun	64 Hub Ct. Millsboro	9.00	100 -
8-16-06		Annheuser Busit	K.C. Missour		300-
6-78-06		Attria Corporate	120 Park Ave My MY		300 -
8-17-06		Altra Corrorate	120 flat Ave My My		300 -
9-6-06		Del Cit Econ Development	AZ South State St Doder		600
9-7-06		Non Partisan atizens Bus.	42 South State St. Dover		600
9-27-06		Sussex lepub Womens Chi	Millspore, De		600
9-8-06		Pare Potter	28078 Grovel Hill Rd. Mills by	p	300 -
9-7-06		Correctional officers De	655 S. Ray Rd Dove De		600-
9-10-06		Donald Collins	22901 Mission Rd. Millshm		500-
9-6-06		Kumberly Collins	22984 Misson Rd Millson		500
9-19-06		DSEA Advocary Fund.	136 East Water St. Dove		600-
8-31-06		Bost St. Manuf Housing	1301 Hicharan Gno 1012		600-
9-12-06		Wilson Baker Inc.			600 - 500 -
9-7-06		Mr. John Parker	11112		500
9-7-06	100				600-
9-21-16		Wilm Trust PAC	100 N. Market Why. Del		200 -
9-13-01		Jaco Cloug	2-1-1		150 -
9-7-06		lor Canpaga hand	2805 Fawles Dr. W. Marsetor		200 -
	CEIPTS O		AND POLITICAL COMMITTEES		14.350
	CDII IO O				14,000
TOTAL RE	CEIPTS O	F PERSONS NOT IN EXCESS OF	F \$100		300
			and the state of t		400
GRAND TO	TAL REC	EIPTS			14 650.
(THIS TOTAL	SHOULD AL	SO APPEAR ON PAGE 2, STATEMENT	OF ACCOUNT BALANCE, ITEM 2A)		



SCHEDULE B - TOTAL EXPENDITURES

REPORTING PERIOD:

	FROM	ТО
Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be in	Market Manager Market M	
of the amount with office sought. NOTE: IF you expend funds to the same person or organization several time must be listed if the aggregate amount is over \$100, even if the individual amounts are not.	es during the re	eporting cycle, each item

EXPENDITURES IN EXCESS OF \$100 AND POLITICAL COMMITTEES:

ACCT#:

Date	Payee	Payee	Reason	Aggregate	Amount
Expended	Name	Mailing Address	Code	Amount	Expended
2-22-06	Susax Central Booxers	Georgetoun, De			5000
2-2206	State of Delaware	Dober, De		ill somilials	55,50
2-22-66	Robert Draine				250,00
3-1-06	Miss Delaware Feen	Millsboro, De			100 00
3-1-06	US POSTAL Senice	bover, De			19500
3-14-06	Del Fed College Republican	newark, De			20000
3-18-06	IR Golf Tourney	Millsbirn De			1000
328-06	Center for Inland Bubys	Lewes , De			1003
4-6-06	US Obstar sente	Dover ne			31200
5-3-06	Ust Delaware	Nework, De	and the state of t		3650
5-3-06	John Mathisky	Greenistle, De			1200 -
6-1-06	Mondoe Davis	New York, my			200
6-1-06	US POSTAL Service	Dover, ret			200
6-6-06	Richard White	Mills boo, be			12/2
7-1-06	Top End Denga	Newark', De			100
7-19-06	Sussex Dept Elections	Georgetoun, De			79500
7-28-6	US PostA service	Dove, se	-		210
8-8-06	Crossan turnity Fund	Neuport, De			100
8-16-06	WFW - Suskex	Milspor, De			1600
8-16-06	lon for Dowell	Bridgen 16, De			1600
8-16-06	Agron Chathuck				16250
8-16-06	Energy of Outen	Harrington De			2000
8-30-06	Dover POST	Done De			1075~
8-30-06	US POSTAL	Dover De			24002
9-26-06	US POSTAL	Doner, De			2400
9-76-06	Poson Industries	Georgeton, De			1092
TOTAL EX		100 AND POLITICAL COMMITTEES			82640
TOTAL EX	KPENDITURES TO PERSONS NO	OT IN EXCESS OF \$100			600 00
	OTAL EXPENDITURES				88649
(THIS TOTAL	L SHOULD ALSO APPEAR ON PAGE 2,	STATEMENT OF ACCOUNT BALANCE, ITEM 3F)			



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #:		REPORTING PERIOD:	1-1-06	10-10-06					
			FROM	ТО					
NOTE: If yo each item m	Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.								
	XPENDITURES IN EXCESS OF MATED VALUE EXPENDED IS FAIR N	' \$100: AARKET VALUE LESS ANY PAYMENTS YOU RECI	EIVED FOR THE GOODS OR	SERVICES)					
Date	Payee	Payee	Description of	Estimated					
Expended	Name	Mailing Address	Expenditure	Value Expended					
		A III - TACH CAMBINA A ANA SA ANA BAGANA A AN							
		\$200 - 101 -							

TOTAL IN-KIND EXPENDITURES IN EXCESS OF \$100

TOTAL IN-KIND EXPENDITURES NOT IN EXCESS OF \$100

GRAND TOTAL IN-KIND EXPENDITURES (THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED

ACCT #:

ACCT#:		REPORTING PERIOD:	/-/-06 FROM	10	-10-06 TO		
All loans in excess of \$50 RECEIVED DURING THIS REPORTING PERIOD should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.							
LOANS RECEIVED IN EXCESS OF \$50:							
Date	Lender Name	Endorser Name	Description	Int	Amount		
Received	and Mailing Address	and Mailing Address	of Security	Rate	Received		
	1070 MANUAL 1070 M						
			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				
			95-45-E-15-				
				1			
					į.		
	W. AND WEST CO. 10 10 10 10 10 10 10 10 10 10 10 10 10			4			
				-			
TOTAL LO	ANS RECEIVED				0		
	OUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATE	MENT OF ACCOUNT BALANCE, ITEM 2C)		· ·			



SCHEDULE D-2 - LOANS

ACCT#:	REPORTING PERIOD:	1-1-06	10-10-06	
		FROM	TO	

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date	Lender Name	Endorser Name	Description	Int	Original	Payments	Loan
Received	and Mailing Address	and Mailing Address	of Security	Rate	Loan Amount	Made	Balance
			100000000000000000000000000000000000000				
						7	
					 		
					 		
							material and a second
1							



SCHEDULE E - EXPENSE REIMBURSEMENTS

CCT #:	West and the second		REPORTI	NG PERIOD:	/-/-06 FROM	TO
					rkowi	10
expense reimbu	rsements received by you and paid by you must be ite	mized.				
FIMBURSEME	NTS RECEIVED (Monies paid to you as reimburse	ments for expenses you incurred.				
Date	Reimburser Name	Description Description	Activity	Total	Reimbursement	1
Received	and Mailing Address	of Activity	Date	Expense Amount	Received]
ĺ		- Individual Control of the Control	11			1
		Approximately as a				1
						1
						1
						1
						-
OTAL REIMBU	URSEMENTS RECEIVED					
		CONTRACTOR AND A CONTRACT AND A LANCE LITTER AND		L		
	URSEMENTS RECEIVED S RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2.	STATEMENT OF ACCOUNT BALANCE, ITEM 2D)				
EIMBURSEMENTS	S RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2,	A STATE OF THE STA				
EIMBURSEMENTS	S RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, NTS PAID (Monies paid by you to reimburse other	s for expenses they incurred.	Activity	Total	Reimbursemen	
EIMBURSEMENTS	S RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2,	A STATE OF THE STA	1000 100 HI NII	Total Expense Amount	Reimbursement Paid	
EIMBURSEMENTS EIMBURSEME Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.	Activity			
EIMBURSEMENTS EIMBURSEME Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.	Activity			
EIMBURSEMENTS EIMBURSEME Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.	Activity			
EIMBURSEMENTS EIMBURSEME Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.	Activity			
EIMBURSEMENTS EIMBURSEME Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.	Activity			
IMBURSEMENTS IMBURSEME Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.	Activity			
IMBURSEMENTS CIMBURSEME Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.	Activity			

(REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 31)



SCHEDULE F - NON-CASH ASSETS

ACCT#:		REPORTING PERIOD:	1-1-06	10-10-06
			FROM	ТО
Itemize all non-cash a contributed to the orga	ssets owned by the organization including anization.	ng those paid for by the organization, lent to the	organization and	
LIST ALL NON-CA	SH ASSETS:			
Date	Description	Location		Value
Received	of Asset	of Asset (Physical Addr	ress)	of Asset
	Annual Property Control of the Contr			
1				
				_
	BH SHIP OF THE SHI			
	ATTACAMENT			
	The second secon			
TOTAL ASSET VAI	LUE			II

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



SCHEDULE G - ELIMINATION OF ASSETS

ACCT#:		REPORTING PERIOD:	1-1106	10-10-0
Itemize all assets dispos	ed of, transferred or sold by the orga	unization during the reporting period.	FROM	ТО
ALL NON-CASH ASS	ETS			
Date Eliminated	Description of Asset	Disposition of Asset		Value Received
	100 mg			
	Total Control Control			
	7.5			
	Texts Time = Tim			
77				
	310300			
TOTAL ASSETS FLIM	MINATED			

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)